

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020763

STATE FILE NUMBER

Registration District No. 206

Primary Registration District No. 3047

Registrar's No. 62

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 3 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FREDERICKTOWN</u>		c. CITY OR TOWN <u>FREDERICKTOWN</u>	
Length of stay in 1b <u>8 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MADISON Co. MEMORIAL HOSP.</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL Route 3</u>	
3. NAME OF DECEASED (Type or print) First <u>DOROTHY</u> Middle <u>MAY</u> Last <u>MILLER</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>25</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	8. DATE OF BIRTH <u>7-18-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
11. BIRTHPLACE (City and state or country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.T. FORD</u>		13b. MOTHER'S MAIDEN NAME <u>IDA HUGHES</u>	
14. NAME OF HUSBAND OR WIFE <u>THEODORE MILLER</u>		Address <u>RURAL Route 3</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT <u>THEODORE MILLER, FREDERICKTOWN, MO.</u>		Address <u>RURAL Route 3</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>Conjunctive Heart Failure, Coronary Occlusion</u> <u>Arteriosclerotic Cardiovascular Disease and</u> DUE TO (c) <u>Lymphatic Leukemia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:45</u> a.m. <u>pm</u> Month, Day, Year <u>May 25, 1963</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 25, 1963</u> to <u>May 25, 1963</u> and last saw her <u>live</u> on <u>May 25, 1963</u> Death occurred at <u>11:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Arthur D. Newman MD.</u> (Degree or title)		22b. ADDRESS <u>Fredericktown, Missouri</u>	
22c. DATE <u>5-28-63</u>		22d. DATE SIGNED <u>5-27-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>5-28-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEMETERY</u>		23d. LOCATION (City, town, or county) <u>FREDERICKTOWN, MO.</u>	
24. FUNERAL DIRECTOR <u>SAM NAJIM, Jr., Fredericktown, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-27-1963</u>	
ADDRESS <u>Fredericktown, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Flavien Hickey</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

STATE OF MICHIGAN

1000
10500

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert Leslie Seabaugh, Student Embalmer No. 702
working under my personal supervision.

Student Robert Leslie Seabaugh Signed Sam Hajim, Jr.
Signature of Student Embalmer

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.